

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION

## Part 1 - Items 1 through 12 to be completed by department head or personnel office.

|  |  |   |                                     |   |          |
|--|--|---|-------------------------------------|---|----------|
| 1. Agency Name<br>Department for Children and Families                                   |  | 9. Position No<br>. K0068433                            |                                     | 10. Budget Program Number   |          |
| 2. Employee Name (leave blank if position vacant)  |  |   |                                     | 11. Present Class Title (if existing position)<br>Administrative Specialist |          |
| 3. Division  |  |   |                                     | 12. Proposed Class Title  |          |
| 4. Section   |  | For<br><br>Use<br><br>By<br><br>Personnel<br><br>Office | 13. Allocation                      |   |          |
| 5. Unit<br>Office of Customer Service  |  |   | 14. Effective Date                  |   |          |
| 6. Location (address where employee works)<br><br>City Topeka County Shawnee             |  |   | 15. By                              |   | Approved |
| 7. (circle appropriate time)<br><br>x Full time Perm. Inter.<br>Part time Temp. %        |  |   | 16. Audit<br>Date: By:<br>Date: By: |   |          |
| 8. Regular hours of work: (circle appropriate time)<br><br>FROM: 8 x AM/PM To: 5 AM/PM x |  | 17. Audit<br>Date: By:<br>Date: By:                     |                                     | Position Number   |          |

## PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

| Name | Title | Position Number |
|------|-------|-----------------|
|------|-------|-----------------|

|              |                             |             |
|--------------|-----------------------------|-------------|
| Niomi Burget | Director of Client Services | K0000215570 |
|--------------|-----------------------------|-------------|

Who evaluates the work of an incumbent in this position?

| Name | Title | Position Number |
|------|-------|-----------------|
|------|-------|-----------------|

|              |                             |             |
|--------------|-----------------------------|-------------|
| Niomi Burget | Director of Client Services | K0000215570 |
|--------------|-----------------------------|-------------|

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

This position exist to support the agency in achieving its mission to assist clients, customers, constituents and state and federal legislators in all matters relating to customer service. This employee will follow instructions, guidelines and directives from supervisor. Worker is required to be able to be reliable and work independently with little supervision.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

| No. Each Task and Indicate Percent of Time | E or M |  |
|--|--------|--|
| 1 50%                                      | E      | <p>Customer Service:<br/> Receive informational, referral and complaint inquiries from customers, the Governor's office, legislators, interest groups, provider associations, advocates and the general public regarding program information, alleged infringements or denials of Department for Children and Families services or benefits.</p> <p>Interviewing customers, reviews written concerns, reviews and enters data into the database for follow-up and identification of trends, determine which program or regional office should respond to specific request as established by current policy and monitoring response time and communication loop response.</p> |
| 2 25%                                      | E      | <p>Maintain electronic and paper customer service files. Identify and notify Director of Communications to possible incidents of serious controversy, legal action or media involvement and all media and legislative inquiries.</p> <p>Update agency Customer Service contact and Single-point-of-contact lists.</p>  |
| 3 20%                                      | E      | <p>Foster Care Ombudsman:<br/> Provide assistance when needed to complete inquiries received from the Foster Care Ombudsman hot-line.<br/> Duties same as for Customer Service.</p>  |
| 4 5%                                       | M      | <p>Other duties as assigned.</p> <p>Central Registry Duties:<br/> Provide reports as needed, including completing registry checks for identified persons in Child Abuse/Neglect Central Registry and/or Adult Abuse/Neglect Central Registry and all other aspects related to Central Registry duties.</p>   |

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
  - ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
  - ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

**Name**

**Title**

**Position Number**

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23. Which statement best describes the results of error in action or decision of this employee?

- ( ) Minimal property damage, minor injury, minor disruption of the flow of work.
- ( x ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- ( ) Major program failure, major property loss, or serious injury or incapacitation.
- ( ) Loss of life, disruption of operations of a major agency.

Please give examples.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Contact with the public occurs almost constantly on a daily basis. Primary contact is with general public.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

This position is steady phone work and report preparation. Callers are upset, frustrated or angry and this position is mostly the target for these feelings. Potential risk associated with a typical office environment.

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Telephone: Daily

Copy machine: Daily

Fax machine: Daily

Personal Computer: Daily

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### **PART III - To be completed by the department head or personnel office**

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27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

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Education or Training - special or professional

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Licenses, certificates and registrations

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Special knowledge, skills and abilities

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Experience - length in years and kind

Two years of experience in general office, clerical and administrative support work. Education may be substituted for experience as determined relevant by the agency.

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**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

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Signature of Employee

Date

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Signature of Personnel Official

Date

**Approved:**

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Signature of Supervisor

Date

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Signature of Agency Head or  
Appointing Authority

Date